DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

Form Approved: 0910-0140
Expiration Date: April 30, 2001

MEDICAL RESPONSIBILITY STATEMENT FOR USE OF NARCOTIC DRUGS IN A TREATMENT PROGRAM

(Completed by each physician licensed to dispense / administer a narcotic drug under an approved program)

DATE

Note: This form is required by 21 CFR 291.505 pursuant to Sec. 303, Controlled Substances Act (21 USC 823) a Drug Abuse Prevention and Control Act of 1970 (42 USC 275(a)). Failure to report can result in a recommendation for the suspension or revocation of the Narcotic Treatment Program registration.

NAME OF PROGRAM *(Name of primary dispensing location)*

ADDRESS OF PRIMARY LOCATION *(Include City, State, Zip Code)*

TELEPHONE NO. *(Include Area Code)*

I. The undersigned agrees to assume responsibility for the administration and dispensing of narcotic drugs under the above identified program and to abide by the required standards for detoxification and maintenance treatment described in 21 CFR 291.505, Standards for Drugs Used for Treatment of Narcotic Addicts. I have read and understand the treatment standards established by the regulations.

II. I have read and understand 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, published June 9, 1987. I agree to protect the identity of all patients in accordance with this regulation.

III. If I am, or should become medical director, I will assume responsibility for administering all medical services performed by the program and ensure that the program is in compliance with all Federal, State, and local laws and regulations regarding medical treatment of narcotic addiction.

PHYSICIAN FURNISHING MEDICAL SERVICES AT THIS LOCATION

IS THE PHYSICIAN ALSO A MEDICAL DIRECTOR? ☐ YES ☐ NO

STATE MEDICAL LICENSE NUMBER

DEA CONTROLLED SUBSTANCES REGISTRATION NUMBER

TYPED OR PRINTED NAME

SIGNATURE

Please send two copies of this completed form to the appropriate State authority and two copies to:

Commissioner
Food and Drug Administration
Division of Scientific Investigations (HFD-342)
7520 Standish Place
Rockville, Maryland 20855

Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 70 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the address to the right:

OS Reports Clearance Officer
ASMB/Budget/DIOR (0910-0140)
HHH Building, Room 531-H
200 Independence Avenue, S.W.
Washington, DC 20201

Please **DO NOT RETURN** this form to this address.